PHILADELPHIA MEDICAL TIMES.

SATURDAY, JULY 3, 1875.

ORIGINAL COMMUNICATIONS.

LIVING ISSUE.

BY THEODORE H. SEYFERT, M.D.

LAW, like every other science, is progressive, and adapts itself readily to those changes which intellectual development points out for its equitable administration. The common law, for instance, is said to be the accumulated wisdom of a thousand years. It grows by time, and is strengthened by the added wisdom of succeeding generations. But were reason to remain silent before authority, good or bad, we would soon be in as ridiculous a position as if the laws of the Medes and Persians were our unalterable code.

Legal reports are full of what are called "overruled cases," which simply means that judicial interpretation is not infallible, and that a case decided one way may, upon subsequent examination and reflection, be differently decided. There is such a thing as *bad* law, as there is such a thing as an illogical conclusion; and a decision that is not based upon correct reasoning, although it may have the grandeur of "authority" about it, is faulty, and liable to be "overruled;" but in all cases where the "authorities" are supported by reason, they stand, as they deserve to.

The Dover case (referred to at length by Prof. Reese, in his article on "What Constitutes a Live Birth?" in the *Medical Times* of the 20th ult.) is one of a character rare in our jurisprudence, and might very properly have been treated as the first of its kind, deserving an exhaustive examination of the reason and the spirit of the law bearing upon the subject, independent of the decisions in previous cases of a similar character. In determining the question of what is *living issue* within the meaning of the law relative to the "tenancy by courtesy," we must have a *reasonable* interpretation of the words "born alive," and to assist in so interpreting these words is the object of this paper.

Among the canons of construction laid down by Blackstone is this: "Words are generally to be understood in their usual and most known signification; not so much regarding the propriety of grammar as their general and popular use." The word *born* is understood by all, and as it is so understood the law understands it. It is the act of coming into this life, into communication with the outer world; and until this is accomplished the being is not born. The condition in which it comes is next to be considered; it must be *born alive*. Is it not reasonable to suppose that what the law contemplates in this term is not a partial or a qualified life, but an absolute life? that is to say, that the issue when born must be possessed of *all* conditions necessary to existence? Keeping in view the common-sense canon of construction, let us refer to Prof. Reese's paper, in which I find it stated that in establishing the claim of a *tenant by courtesy*, "what the law requires is simply *proof of life*,"—not evidence to prove that the issue possessed an independent existence, but simply that it lived after its complete extrusion from the mother. Neither does the doctor consider the amount of life as worthy of special attention, for he declares that "all we contend for is *life*, not the amount or quantity of life, but the fact of life."

The word in its general sense refers to "that state of animals and plants, or of an organized being, in which its natural functions and motions are performed, or in which its organs are capable of performing their functions" (Webster). This is the popular acceptation of the word, and in this sense we must regard it. The word is also used with reference to specific stages of existence: thus, we say cell-life or germ-life, embryonic life, fœtal life, in order to distinguish them from one another as well as from that kind of life now under consideration, which we will term independent life. The principle of life mysteriously contained in the germ is the same life continued on in man; and if the presence of the vital principle is *all* that is contended for, then the vivified ovule itself, or the living embryo suddenly thrust forth from the mother at any period of its career, may justly be regarded as *living issue*. But something more than "proof of life" is demanded. The amount or quantity of life is a matter of importance, as the following quotation will show. Every legitimate infant *in ventre sa mere* is considered born for all beneficial purposes (that is, for those relating to its own interests), but "as it respects the rights of *others claiming through the child*, if it be born dead, or in such an early stage of pregnancy as to be *incapable* of living, it is to be considered as if it had never been born or conceived." (Blackstone, Book I. *130, note.) Here the amount is measured in pointedly excluding the child which, *though it is not dead*, is incapable of living.

"To discuss metaphysical subtleties on the subject of life before a court and jury" might, under certain circumstances, "befog and confuse plain common-sense jurymen;" but I trust that they could readily be made to comprehend the difference between the amount of life comprised in one individual and in the 800,000 composing the population of our city; or that the existence of a State depends upon the number and the varied duties of its people. In other words, they could be made to appreciate the difference between the life of one cell and that of the countless number composing the body,—between the life of a tissue or organ and that of the being of which it is only a part. We cannot declare a person is alive because the microscope reveals the fact that cell-life is not yet extinct; and I am confident that even an expert witness would hesitate long before admitting the existence of an individual when it depended upon such microscopic evidence.

Under ordinary circumstances, the longer a person is completely submerged the less life do we find in the body, and the chances of resuscitation are correspondingly diminished. Our restorative meas-

ures consist in stimulating cell-action by artificial respiration, warmth, etc., and if their use is not attended with success, then we assert that the individual is dead; not because life has entirely departed from the body, but because vitality has diminished to such an extent that we cannot recall into activity those functions upon which the life of the individual is dependent. Thus, a newly-born babe may be said to be dead if it is incapable of exercising those functions without which life cannot continue. Recognizing this fact, the counsel for the plaintiff in the Delaware trial (Stout *vs.* Killen) alleged that the life in the child was merely a prolongation of fœtal existence; but the defence held that this doctrine was untenable, and by a dexterous use of the word "life" succeeded in befogging the jury to such an extent that they sustained the claim of the defendant, notwithstanding the learned judge's efforts to lead them to a right conclusion.

A child born without the ability to breathe is not alive in the meaning of the law. Air is indispensable to life; and, says Dr. Draper, "In this particular the Scriptures have summed up the deductions of modern physiology in a single line,—no metaphorical expression, but the simple assertion of a truth: He 'breathed into his nostrils the breath of life, and man became a living soul.'" It was originally held that crying was a necessary proof of a live birth, thus showing that, in the early life of this law, respiration was needed to indicate life. But afterwards it was said by a learned lawyer, Sir Edward Coke, that it *need not* cry, "for perchance it might be born dumb." This, however, does not exclude the conclusion that it must respire, and nowhere is it hinted that respiration is unnecessary. The excuse for not making crying an obligatory proof relates not to the lungs but to other organs,—those of the voice,—and there is no reason to believe that the law now does not require the child to breathe before it can be called "living issue." Unless a placenta is developed, the embryo lives and dies as an embryo, for its further progress is arrested, and it cannot pass into that stage of existence known as fœtal. And so with the fœtus: it must live and die as a fœtus, and can never pass into an independent life without the use of its lungs.*

In this connection, "profound and learned theories upon the difference between intra- and extra-uterine life" might very properly be studied by the "ingenious counsel" and explained to the jury, who will be called upon to decide whether or not the child had a separate and independent life; whether or not it was alive as a being of this world.

Fœtal life is a dependent life. The elaboration of the blood which is essential for its maintenance is performed through the instrumentality of the placenta,—the lungs of the fœtus,—and this involves a different arrangement in the route of the circulation from that which exists when independent life is established and the individual elaborates its own blood. From the placenta arterial blood passes to every part of the fœtal system, distributing its oxygen and nutritive elements to every tissue. As venous or impure blood it is returned to the placental surface, where, by endosmotic action, it is relieved of its carbonic acid and again supplied with oxygen and nutriment from the blood of the mother. It is unnecessary to refer to the anatomical peculiarities of the fœtal circulatory apparatus further than to say their existence is owing to the important fact that the fœtus must receive its breath and nourishment through the placenta. During this period the lungs are two solid, almost impervious, and utterly useless organs, receiving no blood except that required for their nutrition. Yet they are compactly stowed away and carefully nourished until the time arrives when the child's existence will depend upon their coming promptly to its rescue.

When the child is born and separated from its mother, the whole current of the circulation must be changed, otherwise it cannot live. The blood can no longer go to the placenta, for the source whence it received its breath is cut off, therefore it speedily seeks another channel, and passes in large quantities to the lungs. Now it is that these organs are called upon to fulfil the purpose for which they were created,—that of substituting a function of the placenta, and establishing in the being an independent life.

An independent life, then, can be said to exist only after the child has come into actual relationship with the world through the respiratory function. Unless air enters the lungs, its condition is precisely the same as it would be in utero with its cord tightly ligated. The child does not necessarily die upon the instant, for during labor it may live for five minutes after the cord has ceased pulsating (Barnes). It would be interesting to know how long life can continue cut off from placental and aerial respiration. Dr. Barnes states that a living child has been removed from the dead mother, by the Cæsarean operation, thirteen minutes after the maternal circulation had ceased. And instances where living children were extracted in this way within ten minutes after the mother's death are not rare. It is probable that no part of the fœtus is supplied with pure arterial blood, and on this account it may be able to live longer shut off from the air than it would be if deprived of oxygen after respiration was established.

But it must be remembered that this is not independent life, for it is still living upon that which it has received from the mother. As yet, the child cannot participate in a single interest common to mankind; there is nothing of this world that it can partake of, not even the atmosphere we breathe; and it is as dead to all such interests as if it were still unborn. It is a prolongation of fœtal life, likened by the plaintiff's counsel in "the Delaware case" to the momentum imparted to a piece of machinery and retained for a while after the impelling power had been withdrawn. A better illustration, however, might be found in a locomotive which, with steam in the chambers and fire in the furnace, escapes

* In confesso est respirationem a vita et vitam a respiratione separari non posse, adeo ut vivens omnino spiret et spirans omnino vivat.—Galen.
Life means respiration; not to have breathed is not to have lived.—Casper, vol. iii. p. 33.

from the depot without fireman or tender. Although it is cut off from the source of its supplies, it will continue to run so long as a sufficient amount of steam is generated by the fire within it. It is alive, so to speak, but in the condition of a child that cannot breathe. No fuel can be supplied, the fire must go out, motion cease, and the engine remain an inert mass upon the road.

With the exception of respiration, there is no phenomenon we can adduce to show the difference between fœtal and independent life; and this is one of such a positive character, and attended with such prominent physiological changes, that I cannot do otherwise than accept the statement of Drs. Ramsbotham and Lee, "Nothing less than breathing can establish the fact of a live birth." I do not understand these gentlemen as admitting that a child is dead because it does not immediately breathe after its birth. "The fallacy of this opinion" is undoubtedly shown in the case quoted by Dr. Reese, where the infant commenced breathing after restorative measures were used. But in the Delaware case it was otherwise, for the child failed to respond in any way to the remedies applied by skilful physicians. And may we not argue that their want of success exhibited "the fallacy of the opinion" entertained by those who declared it to be alive?

Is the *beating of the heart* a satisfactory evidence of life, sufficient to establish its existence both physiological and legal? Temperature and muscular movement are also indicative of the presence of life, but, confessedly, not always reliable. Sometimes the fibres of a muscle have been noticed in rhythmical motion, so that "a sensation as of the pulsation of an artery was plainly felt" when one's fingers were pressed upon it (Carpenter's Phys.). Dr. Brown-Séquard "has observed some curious rhythmical movements, from five to twenty in the minute, in the intercostals, diaphragm, and some of the muscles of locomotion, after death." How readily an inaccurate observer might mistake this motion of the intercostals for that of the heart! and how much more easily one may be deceived when searching for that which is ardently desired!

By an English court, many years since, the tremulous motion of an infant's lips, in the absence of all other indications of life, was considered sufficient evidence to establish the fact of a live birth. But that decision would not hold good now, for we know that muscles do not lose their irritability immediately after death. And the heart itself,—the most irritable of muscles,—may it not throb after an individual has ceased to live? In some instances the heart will continue its pulsations long after the animal is dead. In animals killed with conium it will beat for many minutes after death (Dr. William Curtis, in *New York Medical Record*, May, 1875); and the frog's heart, even when it is cut into slices, will continue its rhythmical motions. It is true that the life of the body is dependent upon the functional activity of the heart in common with that of other organs; but does it follow that it must stop beating before we can say, "He is dead"? The hanging murderer is not cut down until the heart-beat is no longer detected; but is he—the murderer—not dead before this?

One would not be apt to regard a headless body as a living being, yet it is on record that the heart of a decapitated criminal was seen pulsating twenty minutes after death, and continued with perfectly regular action, at the rate of forty-four pulsations in the minute, for an hour (Carpenter's Physiology). Was this "a satisfactory evidence of life sufficient to establish his existence, both physiological and legal"? Many cases might be cited having a tendency to lessen our faith in the reliability of this sign of life, but none of them are so remarkable as the one which I will give on the authority of my friend Dr. Renel Stewart, of this city, who has promised to report it to the *Times*.

In July, 1872, at 10 o'clock P.M., he was called to a neighboring house, in which he found a gentleman pulseless, cold, and stiff. The jaw had dropped, the eyes were fixed; in fact, every indication of death was present, and, as a matter of course, the doctor pronounced him dead. Happening to place his ear over the cardiac region, he detected the beating of the heart. There was no mistake in this, for by manipulating the chest its action became stronger, and he succeeded in obtaining a radial pulse. Cadaveric rigidity had set in, and he could raise the entire body by its head. Dr. S. visited the house at intervals until seven o'clock in the morning, and at each visit ascertained that the heart *was still beating*. At eight o'clock it ceased to beat, relaxation had occurred, and symptoms of decomposition were plainly discernible.

The points I wish to illustrate by this article are as follows:

1. The law, reasonably interpreted, demands more than "simply proof of life" in the issue before it can be called living.

2. That the proof of respiration was originally necessary to establish a live birth, and that there is no evidence to show that this proof is not still required.

3. That until respiration occurs the life of the child must necessarily be considered as fœtal.

4. That the law, reasonably interpreted, cannot recognize a fœtus as living issue. It must be born with a possibility of inheriting, which possibility fails if it lacks at its birth the functions of independent being.

5. That respiration is the only evidence of an independent life.

SYPHILITIC SEMEN.

BY ISAAC SMITH, JR., M.D.

I ASK the indulgence of the readers of the *Times* for the further consideration of the question, Is semen of a syphilitic patient a vehicle of infection? which was raised by my report of a case in the November number of the *New York Medical Journal*, page 499. This question, which has been so ably, impartially, and scientifically discussed by R. W. Taylor, M.D., in the pages of the *Times*, February 27, demands all the light that can be thrown upon

it, and that is available and germane for its proper illumination, and this is my apology for this communication.

In my original paper, some points, although thoroughly weighed in my own mind, were inadvertently omitted, which I will try to introduce now; should I fail, however, to do so satisfactorily, I shall be pleased to answer any question pertinent to the subject.

My patient is of a nervo-sanguineous temperament, and hence was often under inspection. He was ever on the alert for breakers. This causes me, naturally enough, it must be conceded, to speak with more assurance than I should be justified in doing in ordinary cases of syphilis. His penis was normal in every particular prior to infection. I have never seen any solution of the continuity of any part of it, or of the chancre-cicatrix, other than the initial lesion and the later chancre alluded to. He had "travelled" so much previous to marriage that no stress could be laid upon the ardor of being "newly married." I apprehended no danger of abrasions, consequently no "necessity to warn" my patient of the possibility of infection by such accidents.

He never had mucous patches or lesion of any of the mucous surfaces until nearly two years after the date of invasion, and then had what was described by me as a urethral chancre, a re-inoculation as I considered it at the time. I have not the slightest evidence that any abrasion of the penis occurred; hence, no point that the wife was syphilized by inoculation of his blood. If an abrasion occurred, it must have been microscopical. It is, under the circumstances, obviously impossible to say positively and finally that he did or did not thus infect her. What stretch of the imagination or of the truth, I submit, does it require for me to sum up that he did not thus infect her, when I only have a possibility, but not a probability, of such inoculation? If that source of contamination has been eliminated, it brings us again to the original "hypothesis," that of syphilitic semen.

Now, then, if the semen of a syphilitic man will impregnate a healthy ovum, and, later, that fertilized egg will infect the mother, does it not seem logical as well as reasonable that the syphilitic germ was present in the semen? and in this case, that element being present, why could it not contaminate a "uterus very susceptible to the transmutation of fluids"? Surely the mathematical proportions of a spermatozoon could offer no very insurmountable obstacle to transudation, and as surely it seems that it might follow where a blood-disk leads into the circulation.

The following lines extracted from a lecture on life and on vital action, by Prof. Lionel S. Beale, M.A., F.R.S. (*London Lancet*, May 15, 1875), may not be uninteresting in this connection:

"The bioplasm of a human spermatozoon, which, perhaps, hardly weighs as much as the one-hundredth part of a single red blood-corpuscle, may stamp with unmistakable individual characteristics several tissues and organs which in their fully developed state weigh many pounds." Again he says, "Here is one of the very smallest living particles carrying the most extensive powers,—powers which may reach to every tissue in the being that is to be formed. It is, nevertheless, suggested that the spermatozoon may be composed of millions of particles, one or more having been detached from every component element of the tissues of the parental organism. But this is not all; for every one of millions of spermatozoa must be considered as having been formed in the same way."

From what I have written upon this case, is a physician warranted and blameless (should subsequent infection follow) in advising a syphilitic patient, who presents no visible signs of the disease, that the only danger of infecting his wife will occur either from pregnancy or abrasion of his penis? May I ask Dr. Taylor if he would feel secure in so teaching a patient?

FALL RIVER, MASS., June 8, 1875.

A COMPLICATED TWIN LABOR.

BY H. G. LANDIS, A.M., M.D.,
Niles, Ohio.

AT 11.45 P.M. of November 5 I was called to deliver Mrs. S., æt. 29, fourth pregnancy, in labor since 8 A.M. An illiterate midwife in attendance had become alarmed at an unusual delay,—viz., the child's head had been born for an hour, and there was as yet no inclination of the body to follow, although the pains were powerful. On introducing a finger into the vagina in search of an axilla, a second head was found on the pelvic floor, in immediate contact with the thorax of the first child, and in a directly transverse position; the anterior fontanelle being nearly opposite and below the right tuber ischii, the posterior fontanelle a little below the left tuber. The anterior and already born head was covered by very thick membranes, which were divided by scissors and peeled back. During several pains this head was observed to be immovable, not inclined to yield to traction; neither could the posterior head be pushed upwards, but was perceptibly driven towards the outlet. Following this indication, two fingers were inserted in the vagina as far as possible, and the perineum drawn down during a pain; at the same time the anterior head was pulled forwards and up over the pubes. The second pain brought the posterior head so far down that it could be seen with the same membranes as tightly stretched over it as with the first head. These were again divided, and the succeeding pain drove the second head through the vulva; the rest of the child followed at once, and was followed by the anterior child. The placenta came away with light traction in six minutes. It was large, with two separate cords; the chorion and amnion were common. The children were both female, of the same size, and weighed each five pounds. The second head measured four and a half inches in the occipito-frontal and three and three-quarter inches in the bi-parietal diameter. In passing down it had pressed a groove in the chest of the first child, the sternum being flattened against the

vertebræ. If the vagina had been less capacious, dismemberment and evisceration of the anterior child might have been necessary. The second child is living and hearty at this date, and the mother made a good recovery. This accident seems to be rare, and, indeed, incredible if the case were under professional guidance from an early period of labor. Neither Cazeaux nor Meadows mentions it; Churchill records similar cases, and Leishman mentions it fully.

POISONING BY RHUS RADICANS.

BY S. W. MORRISON, M.D.

I HAVE used with entire satisfaction for some three years or more, in the treatment of the eruptions caused by rhus radicans, the prescription which I give below. In many trials I have never seen it fail, no matter in what stage of the disease it has been applied, to relieve and check the inflammation immediately. I have never known it to be used by any other person; and as this is the season when abundant opportunity is afforded for trial, I hope it may be made, and that we may have the results through the *Medical Times*. I do not know that the sulphite of sodium is of any use in this prescription, but I know that it will not be of much use without the carbolic acid.

℞ Acid. carbolic., f℥ss;
Sodii sulphis, ℥iij;
Aquæ font., f℥vj.—M.

S.—Apply constantly to the parts affected, on bandages of muslin.

NOTES OF HOSPITAL PRACTICE.

KING'S COLLEGE HOSPITAL, LONDON.

SERVICE OF MR. JOHN WOOD, F.R.S.

Reported by JOHN B. ROBERTS, M.D.

PLASTIC OPERATION FOR THE RELIEF OF EXSTROPHY OF THE BLADDER.

A BOY, aged about two years, was the subject of a congenital malformation of the pubes and bladder, which, on account of a deficiency of the symphysis and rami of the pubes, allowed a hernial protrusion of the posterior wall of the bladder through a fissure extending nearly up to the umbilicus. The back of the bladder, pushed forward by the pressure of the intestines behind, forms a tumor in the hypogastrium, which is red, because the mucous membrane of the internal surface of the bladder is seen as the viscus is everted. If the penis be raised up, the internal orifices of the ureters are seen as they enter the bladder, and the urine can be observed dropping from them. Whenever the child cries, the pressure of the diaphragm causes the bladder to protrude further, and thus the tumor increases in size.

From the friction which must necessarily be received from the clothing and limbs of the child, the mucous membrane has become inflamed, and is secreting mucus and pus. This causes a great deal of pain, which is aggravated by any movement; and another source of greatest discomfort is the continuous escape of urine upon the surrounding parts.

For these reasons an attempt shall be made to relieve the child by a plastic operation, whereby the tumor shall be covered by skin to prevent friction, and subsequently the epispadic condition met by taking integument from the scrotum.

The tumor is covered by taking first a curved tongue-like flap from the belly, above the everted badder, and this is turned down with its epidermic surface towards the mucous membrane of the bladder, so as to cover the opening through which the protrusion occurs. Then a flap is dissected from the groin on each side, and these two flaps drawn towards the middle line, where they are brought together over the *turned-down* superior flap. By this method there are placed three thicknesses of integument over the abnormal opening, which not only relieves the sensitive mucous membrane of friction, but affords support, and prevents the protrusion of the bladder by the intra-abdominal pressure. In some cases the success has been so great after this operation that there has remained only a small opening, and the patient has been able to go all night without wetting the bed.

In making the superior flap, care must be taken that it be sufficiently long to allow for shrinkage, for it is wanted to come down nearly, but not quite, to the penis; another precaution is to cut very carefully when dissecting up its base, for the skin and belly-wall are thin just above the bladder, and the knife, by an unlucky stroke into the peritoneum or subperitoneal tissue, may cause much damage by rendering the patient liable to peritonitis. Not that the mere wound of the peritoneum is to be feared so much, but the urine, with which the parts are apt to come in contact during the progress of the case, will cause inflammation of the peritoneal membrane and insure a fatal result, as has happened when sufficient attention has not been paid to this source of danger. This flap depends for its vitality on the corners running alongside of the bladder, and care should be exercised in cutting here, in order that sufficient nutrition be allowed to prevent sloughing.

The flaps taken from the groins are somewhat lancet-shaped, but with a blunt point, however, and get their nourishment from the superficial branches given off by the femoral artery in the neighborhood of Poupart's ligament.

The three flaps are now dissected up, and it remains to place them in position by sutures. Before doing this, the parts are cleansed of clotted blood, and the bleeding entirely stopped by a sponge and cold water, because after the hemorrhage is arrested a gluey substance exudes, which sticks the flaps together like two pieces of wet paper, and thus prevents the urine being infiltrated between them. This is an important point in the operation.

The protruded bladder having been pushed back by the finger of the operator, the upper flap is turned down over the aperture (the flap has no hairs on it), and then the side-flaps drawn over it without being turned, so that there are two raw surfaces in apposition. Sutures are applied by passing four long pins through the opposed edges of the lateral flaps, including, as they are pushed through, the upper part of the superior flap, but not passing through it to the other side, for that would allow the urine to work its way between the flaps. All these precautions for keeping the parts as free as possible from contact with the urine are important, for there must be at times gushes of urine from sudden movement on the part of the patient. The pins are wrapped with a ligature twisted around like a figure 8, and passed from one pin to another.

It now remains to bring together the parts from which the skin-flaps were taken; and to do this the thighs are flexed, to relax the integument as much as possible.

The wound above is drawn together by hare-lip sutures, to afford as great support as practicable, and to endeavor to obtain immediate union, which, by the way, is not nearly so necessary here as below; but at the sides wire sutures are used, because of the fold of the groin interfering with the placing of the pins. If care be not taken in the proper disposition of the sutures at the corner, the urine will find its way through, and there will be left a sinus.

This is the eighteenth or twentieth case of congenital malformation of this kind that Mr. Wood has operated upon, and generally he has had excellent results from this mode of proceeding. Fatal issue may sometimes occur from disease of the kidney, induced by extension of inflammation from the mouth of the ureters to the pelvis of the kidney, and by the obstruction at the orifices of these ducts, as in one of his cases, where, after death, the autopsy revealed cystic degeneration of both kidneys.

After oil has been applied to the wound, the knees are tied together, with cotton between them, and a bandage passed around the shoulders and legs, in order to keep the little patient in a crouching position to relax the parts and prevent tearing out the sutures. This position shall be maintained more securely by propping him with pillows, and it will be necessary to keep him from crying or coughing, because the intra-abdominal pressure is increased by these acts and great strain brought upon the sutures.

When the child gets older, an attempt shall be made to improve the condition of the urethra by taking skin from the scrotum, after a modification of the operation devised by Nélaton for these cases. It will be better, however, to wait until the penis and scrotum are better developed.

TRANSLATIONS.

THE ACCIDENTS OF CONVALESCENCE have been deemed of sufficient importance by Dr. Rathery to form the subject of a thesis. According to this gentleman, these are numerous and various. He divides them into troubles of the nervous system, of the digestive tube, of the genito-urinary apparatus, of the functions of the skin, etc.

Under the first head are comprised disturbances of intelligence, motility, sensibility, and mixed troubles. Delirium in its various forms, vertigo, cephalalgia, are among those most frequently encountered under the first subdivision, while among troubles of motility paralysis is the most important. In addition, however, convulsions, trembling, and contractions are met with, and to these Dr. R. devotes a chapter containing much that is interesting and new.

Among troubles of the digestive apparatus which may retard convalescence, ravenous hunger, or, if this is satisfied, weight in the stomach, abdominal distention, and flatulence, may be mentioned. In addition, laborious digestion and diarrhœa are not uncommon.

The accidents which may attack the respiratory tract during convalescence are not numerous. Laryngeal necrosis is occasionally observed after typhoid fever.

As to accidents of the circulatory apparatus, these may be divided into central disorders, as palpitations, etc., and peripheral, the principal consequences of which are dropsy and gangrene of the extremities. If in addition to the above we mention troubles of the genito-urinary functions, albuminuria, and the like, and troubles of the skin, desquamation and certain erythematous and papular eruptions, we shall have pretty much covered the ground gone over by Dr. Rathery. The work terminates by some general considerations, together with the various therapeutic indications, and has a certain value on account of the novel point of view, and also as drawing attention to a frequently neglected portion of the physician's duty,—the guidance of convalescence.—*Le Progrès Médical*, May 1.

A CASE OF HEMIPLEGIA FROM LIGHTNING-STROKE.—A signal-man on one of the German railways had occasion to wind a clock connected with the telegraph during a thunderstorm. At the moment when his *left* hand was on the key, a flash of lightning struck the wires, and from thence passed to the clock, the key, and the patient's hand and arm. He fell to the ground, senseless, but was awakened an hour or so later by the rain pouring upon his face, and managed to drag himself home. Examination showed abolition of motility in the upper and lower extremities on both sides, as well as decided diminution of sensibility. During the following days the patient suffered from severe pain in the head, sleeplessness, dizziness, and muscular tremor. At first there was retention of urine and fæces, the bladder having to be emptied by catheterization. These symptoms gradually disappeared, though the patient complained for some time of a feeling of pressure on the chest. Under the use of electricity the patient gradually recovered in a very considerable measure the use of his limbs. Dr. Eulenberg, who reports the case in the *Berliner Klin. Wochen.*, April 26, gives very full notes of the symptoms, and believes the lesion to have been a hemorrhage in the region of the corpus striatum. It was a curious circumstance (which Dr. E. discusses at length) that the lesion occurred on the opposite side of the brain to that which should theoretically have been affected.

ACNE OF THE PHARYNX, ETC.—M. Isambert, in a clinical lecture on disease of the larynx and pharynx published in *Le Progrès Médical*, May 15, speaks of acniform angina as follows: Three principal varieties have been described:

1. Simple acne, characterized by red prominences, which may suppurate or even ulcerate. The accompanying sensation is that of tickling, which provokes coughing and hawking. This form is coincident with facial acne.

2. Pustular acne is situated principally upon the tonsils. Two or three glands only are attacked at a time. It is, in fact, an inflammation of the cryptic glands of the tonsil, with hypersecretion of caseous matter, and, occasionally, encystment of cretaceous calculi.

3. The third form is acne indurata, due to hardening of the glandular exudation. The elimination of this secretory product is followed by ulcerations, which often unite and give the appearance of a honeycomb to the surface.

Although but few observations upon this form of acne have been made, yet it seems probable that this affection is not unusual, and is similar in all essential respects to the same disease as it appears on the external skin.

EPILEPSY—CURE FOLLOWING A WOUND.—Dr. R. Blache reports the following case (*La Tribune Méd.*, May 16).

A boy of eleven was attacked by epilepsy, the fits coming on at first twelve and then eight days apart. Bromide of potassium was prescribed, but was not followed by any amelioration of the symptoms.

One day, while cutting wood, the patient chopped off the extremity of the left middle finger, the incision passing through the middle of the nail. For two hours the unfortunate individual uttered cries of anguish, and was extremely excited. At the end of that time the wound was dressed; it healed kindly, and no return of the epileptic attacks occurred.

DIFFERENT EFFECTS OF PEPSIN.—Dr. Dettmar Finkler (*Archiv für Physiologie*) has made some digestive experiments to discover the explanation of the points of difference between the views of Ernst, Brücke, and George Meissner.

He found when coagulated albumen was allowed to dissolve at the proper temperature in the juice expressed from a pig's stomach, taken as fresh as possible, acidulated with hydrochloric acid, that no evidence of the existence of parapepton was obtained, on following the plan recommended by Meissner; although a satisfactory response followed the application of the test when the digestive fluid was made from commercial pepsin (*pepsinum activum*) instead of the recent juice. In this last solution the other reactions were obtained also, which Meissner thought were caused by the presence of metapepton, and a-, b-, and c-pepton. Increasing the quantity of the pepsin used did not diminish the amount of the precipitate on neutralization.

It may be proper to add that in the first solution, *before the albumen was completely dissolved*, a precipitate was obtained when a portion of the fluid was neutralized by caustic soda, but not after the albumen had disappeared and the solution became clear.

He therefore thinks that the physiological digestive process has been correctly recognized by Brücke.

W.

THE ANTISEPTIC TREATMENT OF MASTITIS BY LISTER'S METHOD.—E. Heyder (*Centralblatt für Med. Wissen.*, No. 19, 1875) describes the method usually employed in Bardeleben's clinic. When, in spite of ice-bladders and support, an abscess has developed in the mammæ, he washes the surface with a one-and-a-half per cent. solution of carbolic acid, and then under the carbolic spray he makes an extensive incision and opens a way out for the pus by the finger. Subsequently, counter-openings are made, and drainage-tubes placed in each opening. Compresses of lint and gauze are placed over the wounds, and the whole is kept in place by a gauze bandage. All dressings are soaked for three hours in a five per cent. carbolic acid solution, and then preserved in a one-and-a-half per cent. solution. After twelve hours the second dressing is applied over the other, consisting of several gauze compresses, the outer one covered with a piece of rubber cloth. The dressing is not again changed until the secretion soaks through. The author's preference for this method is based upon the fact that the fever quickly abates after the incision has been made, the secretion of pus can be restrained, and the cure is accomplished in from eleven to fifteen days. New abscesses seldom make their appearance. The author recommends the procedure for private practice, being quicker and more convenient than that ordinarily used. X.

GLYCOGEN IN THE LIVER AFTER LIGATION OF THE DUCTUS CHOLEDOCHUS.—V. Wittich (*Centralblatt für Med. Wissen.*, No. 19, 1875) has ligated the bile-ducts in pigeons and rabbits, and, collecting the excretions, has examined them as well as the livers of the animals by a process of which the outlines are given in his communication. Comparison of the results with those obtained by examination of healthy livers shows a marked diminution in the glycogen after ligation of the bile-ducts. Wittich suggests that this may be explained by supposing either that the glycogen in the liver is more rapidly converted into sugar and carried into the circulation in presence of the retained bile, or that the liver, interrupted in its secretion, produces no more glycogen than that which is present at the time. The latter view would more easily explain Wickham Legge's experiments, though these contradict Wittich's observation of spontaneously appearing melituria, as well as the observations of other authors in regard to the appearance of sugar in the urine after any irritation of the liver. X.

THYMOL—A NEW ANTISEPTIC.—Dr. L. Lewin sends a communication to the *Centralblatt für Med. Wissen.*, No. 21, 1875, on the subject of thymol, a benzole occurring in white, aromatic crystals, soluble in hot water in the proportion of 1 to 1000, and having in solution a neutral reaction.

A comparison instituted between thymol and salicylic and carbolic acids, as to their relative effect in retarding fermentation, resulted in placing the former at the head of the list, it showing twice as great anti-fermentative effect as carbolic acid, and four times as great as salicylic. Similar results were shown in mixing the thymol solution with putrid matters, this substance showing marked antiseptic properties.

Although thymol itself is expensive, yet it acts in so dilute a solution as to render it in fact cheaper than either carbolic or salicylic acid.

Dr. Lewin promises further particulars in regard to the new disinfectant, with which he is experimenting extensively. X.

XERODERMA (SCLERODERMA? Tr.).—The following case is reported in the *Allg. Wien. Med. Zeit.*, 1874, 35, by Dr. I. Glax.

The patient, a female, 26 years of age, had had, even in childhood, an inelastic skin. After an attack of articular rheumatism, occurring in her twenty-second year, she experienced a difficulty in moving the extremities, the skin became cool, and the face stiff. The skin appeared in some places thin and parchment-like, and somewhat pigmented. The integument of the extremities was stiff and like marble. The fingers remained immovable in a semi-flexed position. Nothing else abnormal was observed. Dr. Glax hoped by inhalations of amylic alcohol and administration of whisky to bring about enlargement of the minute arteries, and, as a result, greater succulency of the tissues with secretion of sweat. While, however, the symptoms of xeroderma were disappearing under this treatment, the patient went from under observation, and the result remained, unfortunately, unknown.—*Centralblatt*, No. 19, 1875. X.

GLYCERIN IN THE TREATMENT OF DIABETES.—M. Garnier has addressed a note to the Académie des Sciences on the employment of glycerin in the treatment of glycosuria. M. Schutzen, of Dorpat, has shown by his researches that glycerin either alone or associated with tartaric acid, and taken in the dose of half an ounce to an ounce and a half in the course of twenty-four hours, constitutes a valuable adjuvant to the régime especially adapted to glycosuria. M. G. has himself made use of purified glycerin, and has made it more palatable by mixing it with a certain amount of alcohol and of aromatic substances (mint, anise, bitter orange). The employment of glycerin has aided him greatly as well as other patients.—*Bull. Gén. de Thérap.*, No. 10, 1875.

TREATMENT OF CAVERNOUS ANGIOMA WITH GALVANO-CAUSTIC PUNCTURES (E. Tüngel: *Centralblatt für Chirurgie*, No. 22, 1875).—The method of treatment here described is one of which Thiersch availed himself in a case of extensive cavernous angioma. A metallic plate in which there are numerous perforations, through which a straight metallic instrument suitable for the formation of fistulæ can be passed, is pressed upon the tumor. The advantages claimed for the procedure are that if the clamp is allowed to remain upon the tumor for half an hour after the operation, there is no hemorrhage, the reaction is but slight, and the time requisite for healing short. W. A.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

PUBLISHED EVERY SATURDAY BY
J. B. LIPPINCOTT & CO.,
715 and 717 Market St., Philadelphia, and 25 Bond St., New York.

SATURDAY, JULY 3, 1875.

EDITORIAL.

WOMEN IN MEDICINE.

A CHRONICLER of the passing events of the day cannot fail to note the continued growth of the "woman movement" in medicine. Abroad, Mrs. Garrett Anderson appears to be received freely in the best medical circles of London; at home, we have the president of our State association congratulating the society on the establishment of our Woman's Medical College; in New York a woman presides, or has presided, over the county medical society; and in Boston the Medical Journal lavishes praise on Miss Susan Dimock, who was lost in the *Schiller*. As we said some time since, the day for discussion is over; and, although the brain of the average woman does weigh less than that of the average man, and although some may believe the profession is being deteriorated, going to ruin, or what not, yet it is becoming more and more apparent that, like the negro at the South, woman in medicine is a fact which it is wiser to adapt ourselves to than to knock out our brains against.

There is one position of usefulness which all of us are probably willing medical women may fill, —*i.e.*, physicians to the zenanas of India. A number of women, all of them more or less thoroughly educated in medicine, some of them thoroughly cultivated and refined, have already been sent to that country from the United States. Penetrating into families where it would be impossible for a man to enter, carrying healing in one hand and the Bible in the other, they have already done great good, and are becoming a most efficient power in overthrowing the abominable customs of heathendom.

The whole policy of the India government towards missions has, of late years, been reversed: formerly it was even actively hostile, now it is actively friendly,—a change probably due to the recognition of the fact that India can only become English by first becoming Christian. Probably from seeing the good which is being accomplished by the female medical missionaries, the India government has decided to encourage the medical education of women, and has opened the Madras Medical College to them. Indeed, while the unfortunate wearer of pantaloons has to pay heavily for the privileges of the lecture-room, the whole course is given gratuitously to any capable wearer of petticoats. The course of study is three years; with the exceptions of obstetrics and surgery and one or two lectures in anatomy and physiology, the female students are required to attend with the male.

SCHOOLS FOR MIDWIVES.

THERE lies on the table before us the circular of the "St. Louis School of Midwives." This institution, which claims to be, and we presume is, the only one of the character in this country, has been in existence in one form or another since 1854, and has not, therefore, found many imitators. Possibly as "Mrs. Carpentier's School of Midwives" its character was such as to make it love darkness better than light. Of this, however, we have no knowledge. With Dr. George J. Engelmann as its director, the institution certainly challenges thoughtful attention. Either such schools ought or ought not to exist. If they are baneful, it ought to be known; if they are useful, St. Louis ought not to hold the monopoly. The object of present writing is not to praise or to criticise, but if possible to call out discussions from those better informed upon such subjects. At first view, it seems to us that such "schools" are injurious, and will become the mothers of the worst form of quackery; but we may be mistaken. To make the matter clearer, we append the following extract from the circular itself:

"The wives of laborers and mechanics, when about to become mothers, are wont to trust their lives in the hands of midwives, the English-speaking of whom are mostly wholly uneducated and totally incapable women; and now, as the population of our city is rapidly increasing, the proper instruction of such midwives becomes a most important matter.

"*There is great need of educated English-speaking*

midwives, not only in this city, but throughout the entire country, and it is the object of the St. Louis School of Midwives to educate capable and conscientious women to supply this demand, to give to the women of the working classes better help in their hour of trial.

"We shall award our diploma only to such as are qualified and fit to discharge their important duties. We shall graduate midwives who are competent to conduct natural labor cases and will not go beyond this; who are able to detect any deviation from the ordinary course of labor, any threatening danger, at an early period, in order that medical assistance may be called in time. We shall not graduate female physicians or women who will in any way dabble in medicine."

All this may appear very reasonable; but is it not rather absurd to suppose that the school can control its graduates so that they shall not dabble in medicine? So far as concerns this part of the country, the wives of laborers and mechanics, at least of the English-speaking races, are not wont to trust their lives to midwives; but it is barely possible the introduction of such ministers of good might be a good—or might be an evil. Which would it be?

LEADING ARTICLE.

THE DISCUSSION ON PUERPERAL FEVER IN THE LONDON OBSTETRICAL SOCIETY.

THE proceedings of the great London medical societies have been enlivened of late by discussions on general medical subjects. It was complained some time ago that "the continual passing around of livers on soup-plates" at the Pathological was becoming monotonous, and the suggestion was made that this time-honored procedure should occasionally be varied by discussions on questions connected with general pathology. The idea found favor, and one of its first fruits was the well-remembered debate on the relation of tubercle to phthisis, which was carried on by distinguished members of the Society, and attracted general attention. It was followed by discussions upon cancer, and recently upon the germ-theory of disease. The Clinical Society also adopted the idea, and the debate upon pyæmia which resulted attracted no less attention than did those of the Pathological. Now we have the Obstetrical Society following the fashion in a discussion upon puerperal fever, a discussion claiming attention not less from the character of the participants than from its intrinsic interest. On the first evening upon which the subject came up for discussion, Mr. Spencer Wells opened the debate with a series of propositions or questions essentially as follows: Is there such an entity as puerperal fever? or may all the forms of fever known under this name be referred to the attacks of some well-known continued fever, as scarlet fever on the one hand, or on the other to some surgical fever, as erysipelas, pyæmia, or septicæmia? Assuming such a disease, how can its spread in private and hospital practice be most certainly prevented or checked? In conclusion, what relation have bacteria and allied forms to the pyæmic process in the puerperal state, and what is the value of antiseptics in the prevention and treatment of puerperal fever?

In the very interesting address with which he introduced these propositions, Mr. Wells showed himself emphatically opposed to the idea of the existence of such a disease as puerperal fever, the process usually known by that title being only a modified form of one of the affections above mentioned. As regards the nature of the contagion, he expressed himself in favor of the germ-theory, and advocated the use of antiseptics. Finally, he urged that if pyæmia and traumatic fever can be kept out of a surgical hospital, there is no reason why puerperal fever should not be kept out of a lying-in hospital.

Drs. Leishman and Braxton Hicks continued the discussion. The former contented himself with the consideration of the identity of puerperal fever with the various other affections alluded to. He agreed in the main with Mr. Wells, but believed in some special condition in the puerperal state which favors the occurrence and intensifies the malignancy of intercurrent affections.

Dr. Hicks expressed views similar to those of Messrs. Wells and Leishman, but gave a very doubtful assent to the bacteria-theory.

Mr. Jonathan Hutchinson, regarding the subject from a surgical point of view, expressed himself opposed to the idea of a specific poison which can produce any fever which should be known as puerperal fever.

Dr. Richardson, who closed the discussion, maintained that a woman after delivery was just in the condition to be the subject of a series of changes which must be febrile in character. He agreed with the previous speakers in rejecting the notion of a special poison belonging to the puerperal state, as well as that of the existence of such a disease as puerperal fever. As regards the germ-theory, he was opposed to this and in favor of the purely physical theory of contagion. Antiseptics he thought useful, not because they destroy the germs, but because they interfere with the poisonous action of the septicæmous material which produces the fatal disease. Finally, Dr. Richardson made the cheerful prediction that within ten years some method of preventing these diseases would be discovered, which should be as certain as vaccination against smallpox.

It will be seen that thus far but little has been gained by the debate. The gentlemen who took part in it seem generally agreed as to the non-existence of the disease under discussion; some have also expressed their adherence to the germ-theory of disease, others have opposed it. This seems to be the essence of what has been gained. The whole debate would appear from the report to have been rather of an impromptu and extempore character, scarcely worthy of the subject and the Society. We must except from this Mr. Wells's

address and formulated propositions, which, if followed strictly, would perhaps have resulted in more light being thrown on the subject than has been the case.

As the discussion has not yet been closed, but only adjourned, we may hope to have more facts and figures and fewer anecdotes from future speakers.

CORRESPONDENCE.

Boston, June 10, 1875.

To the Editor of the Philadelphia Medical Times:

DEAR SIR,—A year ago it was my privilege to send you an account of the Annual Meeting of the Massachusetts Medical Society. During the past two days the yearly reunion has recurred. It seems to be the general opinion of its members that the Society was never in a more flourishing condition than at present,—a prosperity due in no small degree, as I learned from gentlemen from various parts of the State, to the efficient administration of affairs during the past year by the President, Dr. B. E. Cotting.

On Tuesday, at 10 o'clock A.M., there were operations and surgical visits at the Massachusetts General, the City, and the Carney Hospitals.

Last year I reported concerning the two new wards that had been erected at the first-mentioned hospital. So much satisfaction was given by them that since that time the trustees have erected a third new building, the Bigelow Ward, which is thought to present some improvements upon those erected two years ago.

The grounds about the City Hospital are in a state of considerable confusion, in consequence of the laying of foundations for new structures. The city government has appropriated $190,000 for the purpose of furnishing increased accommodations and facilities for the institution. There are to be four new pavilions,—two for surgical and two for medical cases,—a new amphitheatre, accident-room, etc., on the first floor, and various other additions, which it is hoped will be in working order by the time of the next annual meeting, and which will nearly double the capacity of the institution, so that it will furnish four hundred beds to patients.

At 12 o'clock M. the Society met in the Hall of the Lowell Institute, to listen to the reading of papers. The first paper was by Dr. R. T. Edes, of Roxbury, "On the Treatment of Typhoid Fever by Cold Water." The writer stated that the use of cold water in the disease under discussion was not a new remedy; that its success must not be judged of *a priori*, but by experiment. Sponging and packing are not so useful as the bath. A full bath, at the temperature of the body at first, and gradually cooled, is to be taken. Meanwhile, the patient's extremities are to be rubbed, and wine is to be administered. The employment of stimulants is of importance in almost every case. The bath is to be repeated as often as the patient's temperature becomes excessive,—often five or six being given in twenty-four hours. Dr. Edes thinks that statistics show a falling off in the mortality of typhoid fever from the use of baths. His own experience extended to sixty-six cases, of which eleven proved fatal.

The paper was temperate in its character, and moderate in its advocacy of the treatment proposed. In view of the acknowledged difficulty of properly carrying out the method, it would seem hardly probable that, except in hospitals, the treatment of typhoid fever by cold baths will ever be much practised unless results much superior to those of other methods can be shown for it.

Dr. G. E. Francis, of Worcester, next read a paper on "The Obstetric Forceps as a Time-saver." He laid it down as an axiom that mortality in labor increases in proportion to the length of the labor,—this of the second stage. Accordingly, we ought to shorten the latter as much as possible. The forceps are the means of attaining this end, and we should use them before the patient's strength is exhausted. In the last three hundred cases which had occurred in the reader's practice, he had used the forceps fifty-one times. He had followed the rule of not waiting longer than two hours after dilatation of the *os uteri* before applying them.

A paper on "The Microscopy of the Urine" was presented by Dr. G. H. Pillsbury, of Lowell. Its object was to urge the use of the microscope, whose revelations are much more satisfactory than those of chemistry, for the discovery of abnormal matters present in the urine, and to dissuade the minds of his hearers from the idea that the employment of the instrument requires a skill attainable by but few, or that an expensive instrument, and one of very high power, must be employed in an examination sufficiently accurate for practical purposes.

Dr. Leonard Wheeler, of Worcester, followed with an essay on "The Inner Surface of the Uterus after Parturition." He stated that during pregnancy the connective tissue of the uterus enormously increases, and the epithelial covering mostly disappears. After parturition there is a wounded surface composed of connective tissue well fitted, apparently, for resorption of different substances into the blood or lymph system. The method of the process of renewal of the epithelial lining is difficult to determine. The process seems to be one of fatty degeneration of the lining tissues of the uterus, and the products of this degeneration form a part of the lochia. An epithelial layer gradually forms, most slowly over the placental site.

Dr. F. W. Russell, of Winchendon, followed with a long paper on "Alcohol in some of its Pathological and Social Relations." A minute description was given of the effect of alcohol on the different tissues. The various forms of aberration of the intellect due to the abuse of alcohol were considered. The reader criticised the idea of trying to reform drunkards after diseased action is set up.

In the evening the annual meeting of councillors was held, at which the following were chosen officers of the Society for the ensuing year:

President, Dr. B. E. Cotting, of Roxbury.

Vice-President, Dr. Joseph Sargent, of Worcester.

Treasurer, Dr. F. W. Draper, of Boston.
Corresponding Secretary, Dr. C. W. Swan, of Boston.
Recording Secretary, Dr. F. W. Goss, of Roxbury.
Librarian, Dr. D. H. Hayden, of Boston.

Dr. P. Le B. Stickney, of Springfield, was appointed Orator, and Dr. J. H. Mackie, of New Bedford, Anniversary Chairman for the next annual meeting.

At 10 o'clock P.M. the Society re-assembled in the Lowell Institute to listen to a paper by Dr. C. J. Blake, of Boston, on "A New Use of the Membrana Tympani." The paper was illustrated with illuminated photographs by means of Black's stereopticon. A preparation of the ear was shown, in which the membrana tympani had been exposed, and styles attached to the handle of the malleus and the point of the incus. When the membrana tympani was set in vibration by a sound, the style traced a waved line on a bit of smoked glass. The curves formed by different vowel-sounds and by different musical notes were perfectly distinct from each other in character, and each sound had its own particular curve.

Dr. A. Graham Bell, who was present, stated that he hoped this process of phonautography might be of use in the teaching of deaf-mutes. The paper of Dr. Blake was highly interesting.

At 9 o'clock A.M. of Wednesday the Society re-assembled, and, after the reading of records, introduction of delegates, etc., a paper was read by Dr. Ira Russell, of Winchendon, on "State Inebriate Asylums —the Expediency of their Establishment." The writer advocated the affirmative of the question, and ended with the introduction of a resolution that the Society call upon the State to establish inebriate asylums. A lively discussion followed the reading of the paper. Dr. Earle, of Northampton, stated that the law did not permit, nor was it desirable, that inebriates and the insane should be treated in the same institution, and he favored the establishment of inebriate asylums with only such classification of patients as the degree and kind of inebriety under which the patient labored allowed of.

Dr. Tylor, of Boston, said there were recoveries enough from inebriety to call for a rational treatment of this class of patients. He agreed with the previous speaker, that inebriates and the insane should be treated in different institutions.

Dr. Millet, of Bridgewater, differed entirely from the views of the previous speakers. He believed inebriety a crime and not a disease, and he would have cure of the evil attempted by moral influences and legal punishments.

Dr. Godding, of Taunton, in a letter upon the subject under debate, while advocating the treatment of inebriates in separate asylums, strongly urged the necessity of compulsory labor as an essential part of the successful treatment of drunkards in such institutions. The sentences to the asylums must be long if permanent good was to result.

Dr. Woodward, of Worcester, had not much faith in the permanent cure of drunkards. In his opinion, drunkenness was a vice, and not a disease, and the institutions for its treatment should be penal. As such, they would have little advantage over the existing workhouses and houses of correction. After further discussion by several Fellows, the motion of Dr. Russell was laid on the table.

At 12 o'clock M. the annual discourse was delivered by Dr. George H. Lyman, of Boston, on "The Interests of the Public and the Medical Profession." After having defended the Society against the charge of exclusiveness and intolerance which has so often been made of late, particularly on account of the expulsion of several irregular practitioners from its ranks, he stated that the record of the Society shows that from its origin continuous efforts have been made to raise the standard of preliminary education. A large part of the address was devoted to the consideration of the question as to whether our medical schools and hospitals should be opened to women; if so, whether by the method of separate or mixed instruction; and, finally, whether those able to pass satisfactory examinations shall be admitted to the Society. The orator's opinion was that if women are to be educated as doctors with any prospect of success, it must be effected through the instrumentalities already in operation for the instruction of male students. While not advocating their admission into our medical societies, he admitted a conviction that women should have the higher education they are seeking for, but should find for its development other and more appropriate spheres, which are as yet far from being exhausted.

At 1 o'clock P.M. the Society adjourned to the Music Hall, where between six and seven hundred members enjoyed the festivities of the Anniversary Dinner.

PENN.

BALTIMORE, June 16, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

I WONDER if your readers are aware that Baltimore is indeed a queen among cities, in that she alone of all has a surface-drainage and little or no sewerage. The goddess she worships is Cloacina, and, as is proven by our health officer of the State, E. Lloyd Howard, her very springs are loaded with her offerings of organic matter, obtained from a soil saturated with human excrement from privy-vaults and cul-de-sacs. She is ripe, and her time seems almost full. Some coming epidemic of cholera, yellow fever, or other curse of God will certainly sweep through this great city of 350,000 inhabitants and reap the rich harvest prepared by physical sins. However, a remedy has been proposed in salicylic acid. This disinfectant should be in daily use in our water-tanks, cooking-utensils, privy-vaults, cesspools, garbage-boxes, and in fact in every place where fermentation and putrefaction may exert a baneful influence upon this unsewered and *malo-basinic* city. Oh! that horrid, stinking, dirty, nasty basin; that turbid Jones's Falls; that fruitful source of disease and political pap; that sad ravager of the poor little ones who dwell in the lower strata of this evil purlieu!

"Oh, it is pitiful!
In a whole city full,
Friends they have none."

As a disinfectant, salicylic acid is better than any yet offered, because of its tasteless and odorless properties, its great potency in maintaining liquids in their purity, and its power of arresting decomposition and destroying germ-cells in animal and vegetable life.

Our plan once adopted, Baltimore invalids may again resort to their sulpho-iron springs as has been their wont in days gone by, with their old promise and assurance of health and vigor. It would have interested you, Mr. Editor, to see the many sad long faces next morning at the locked pumps and closed springs here in Baltimore after our learned health officer's discovery, duly noticed by the public prints, that these favorite haunts were saturated with occasional animal débris.

Yours,

OCCASIONAL.

PROCEEDINGS OF SOCIETIES.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

WEDNESDAY, APRIL 7, 1875.

DIABETES INSIPIDUS, AND ITS TREATMENT BY ERGOT.

DR. DA COSTA related the following case: Stephen S., native of Bavaria, a tailor, was admitted into the men's medical ward of the Pennsylvania Hospital on the 19th of October, 1874. A small, thin man, about 43 years of age, hollow-eyed, with prominent cheek-bones, his complaint of weakness and prostration agreed perfectly with his emaciated appearance. Suffering continually from shortness of breath, from indigestion, with acid eructations, a burning sensation in the epigastrium, complete anorexia, and from immoderate thirst; having his rest at night broken by the frequent necessity for micturition,—he considered but too correctly that his health was lost, and that he was rapidly failing.

No family history could be obtained, and he positively denied any venereal taint. He had always regarded himself as a healthy man until two years ago, when he met with a serious accident. By a fall from the roof of a house he was badly contused, besides sustaining a fracture of his clavicle and some of his ribs, and hurting the back of his head; for nearly a year after this fall he suffered from headache and vertigo.

During the summer of 1874 he had been treated for rheumatism, and was discharged, cured. At this time he was troubled with frequent urinations, and was obliged to rise during the night two or three times. This gradually increased until the date of his re-admission, the day after which (October 20) the urinary examination gave the following result: The urine in color was very light, almost limpid, slightly acid in reaction, the specific gravity only 1001; it contained neither albumen nor sugar; the quantity in twenty-four hours was 224 fluidounces, corresponding exactly with the amount of water he had drunk.

Conjointly with the troublesome and exhausting flow, the torturing thirst, progressive impairment of hearing, muscæ volitantes principally in the left eye, and shortness of breath, increasing gradually from very slight disturbance to positive dyspnœa, were making his existence a very miserable one.

He was ordered two drachms of infusion of digitalis and half an ounce of a compound gentian mixture thrice daily, and for the first week improved greatly, the daily amount of urine passed diminishing to 108 ounces. A week later, however, he was passing 252 ounces, and was obliged to retire to his bed, which he had left. The previous prescription was now discontinued, and nitro-muriatic acid, three drops in a drachm of compound tincture of gentian, given him every four hours; he also took ten drops of deodorized tincture of opium four times daily.

He then steadily grew worse, until his condition appeared hopeless. Quinine, stimulants, and animal broths were administered, and the opium and acid mixture were discontinued. He slowly rallied, and was placed on one drachm of the fluid extract of valerian four times daily. The general condition again improved, and on November 17 he passed 195 ounces of urine of the specific gravity of 1006.

A searching examination was then made of the viscera and nervous system, but the seat of the lesion could not be discovered. The pulse was 84; the respiration varied between 18 and 24. The temperature of the body was 97.5°. It had at no time been higher than 99°, and had repeatedly fallen to 97°, with an evening exacerbation of half a degree, or very occasionally of one degree. A half-ounce of cod-liver oil thrice daily was added to the treatment.

On the 25th he was passing 260 ounces of urine. The valerian was now stopped, as it had so evidently wholly failed, and ten grains of hydrate of chloral were given four times a day; but, as the dyspnœa seemed to increase, this in turn was abandoned in favor of bromide of potassium, twenty grains thrice daily.

During the first days of December the face and ankles became œdematous, the subcutaneous veins of the legs were enlarged, and dark-red lines were visible on the lower extremities, which also pitted readily on pressure. He complained still of a great deal of headache, and of a feeling of tenseness of the skin on the forehead, and furuncles became manifest on the face. His condition was thus little, if at all, changed for the better.

It was then determined to give him ergot, which was at first resorted to hypodermically; but this caused so much local disturbance that the remedy had to be administered by the mouth.

The internal use was begun on the 7th of December, one drachm of the fluid extract being given three times daily; this was increased on the 18th of December to two drachms thrice daily. The diet was the same as before; the cod-liver oil was continued for a time, but not with great regularity, and it was presently wholly stopped.

From the time that the treatment by ergot was instituted, there was steady diminution in the daily amount of the urine, and rapid improvement in the patient's health; indeed, this was without a drawback, with the exception of a slight attack of pleurisy followed by some congestion at the base of the lung, and lasting only a few days. The patient was practically well on the 25th of January, 1875, when the ergot was discontinued; but he was retained under observation until March 10, in order to decide whether the improvement was a permanent one.

When discharged, he was well and strong, and he had never been in better health. During his stay with us he gained in weight forty pounds; and it was difficult to recognize, in the fat, bright-eyed, jovial man who left the hospital, the lean, languid-looking, dejected patient who had come to it but a few months before apparently to die.

From the first of the year to the date of discharge, the maximum amount of urine passed was seventy-four ounces, and it had been several times as low as forty ounces per day.

The history of this case, as of many others, shows the source of the disease to be the same indubitable nervous disorder. But whether it be, as seems most probable, in the sympathetic nervous system, or the derangement leading to loss of control be simply reflected to this from the cerebro-spinal, is a matter, with our present knowledge, of the merest conjecture. In a number of the autopsies made—they are not, it must be stated, very numerous—the lesion has been located at the base of the brain, or in the cerebellum or the medulla; but there are records of the disease in which injury of the abdominal ganglia by a tumor gave rise to the distressing malady.

Diabetes insipidus is, when well marked, for the most part a fatal disorder, though the patient may be kept in fair health for years.

This case is the first one which Dr. Da Costa has seen recover in which there were such grave symptoms besides the excessive flow of urine. That the recovery was due to the ergot there can be no doubt, and its effect on the capillaries, both of the nervous centres and the glandular organs, suggests its mode of action.

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

MAY 3, 1875.

IN the absence of the Director and Vice-Director, Dr. J. H. McQUILLEN was called to the chair.

The Report of the Committee on Dr. Seiler's paper upon the "Photographic Enlargement of Microscopic Objects," recommending it for publication in the *Philadelphia Medical Times*, was read, accepted, and the committee discharged.

A paper on the "Physiological Action of Hemlock and its Alkaloids," presented by Prof. H. C. Wood, Jr., for B. F. Lautenbach, M.D., was read by title, and referred to a committee composed of Drs. Schaeffer, Richardson, and Reed.

Verbal communications being next in order, Dr. J. GIBBONS HUNT made the following remarks:

"Mr. Director,—Anticipating more than the usual amount of intellectual and microscopical dry weather at the Section this evening, I have brought with me a few slides for the inspection of members, believing they show some interesting points of histological detail with considerable distinctness.

"I am unfortunate in having no very distinguished microscopical friend residing at a distance to kindly send me preparations for exhibition, but am compelled to rely upon domestic manufacture, which, of course, cannot claim to rank with those of foreign make.

"Still, when properly illuminated, as these now are, the members may see the intestinal villi of the rabbit perfectly injected, and mounted in natural position, so that the mucous surface appears with the entire columnar epithelium attached, each cell distinct. Most of the villi show the muscles of Brücke clearly. In the muscular coat of the same intestine the lymphatic vessels appear without injection.

"A slide containing a piece of mesentery of juvenile cat shows one dozen Pacinian bodies, which must be seen under the binocular to be properly appreciated. These supposed nerve-terminations in dead cats vary greatly in size and apparent complexity of structure, being from the $\frac{1}{200}$th of an inch up to a magnitude which unaided vision can detect. The fat-tissue is well injected, and the crystallized fat appears *in situ*, not having been dissolved out as is usually the case. The nerves are preserved with less structural change than I have seen elsewhere. Their nucleated filaments appear winding around the vessels and distributed to their coats with great distinctness. The elastic connective-tissue fibres are all apparent, and their mode of inosculation may be studied.

"An injected solitary gland of the large intestine of the rabbit shows it to be structurally like the individual gland in Peyer's patches. In the same specimen we can look right down into the open orifices of innumerable follicles of Lieberkuhn, which display all the epithelium *in situ*.

"A slide of the cæcum of the rabbit shows that organ to be simply an aggregation of glands resembling those in Peyer's patches, having, of course, between them villous prolongations unlike mucous surfaces elsewhere.

"I am conscious that such plain and easily demonstrated histological details are neither rare nor difficult; but, knowing they would be new, and possibly interesting to the members, I venture to offer them for examination."

After a recess of ten minutes, allowed for the examination of these interesting specimens, the chairman inquired of Dr. Hunt what menstruum he had found most useful for the preservation of nerve-tissue.

Dr. HUNT replied that, since we have never seen a fresh and living nerve-cell or fibre, we possess really no standard for judging of the success of any method of preparation; but that in his experience nerve-structures underwent the least possible change if immersed in a weak solution of glycerin in camphor-water, whose strength was gradually increased by the addition of more glycerin until a suitable preservative fluid was obtained.

Dr. J. G. RICHARDSON inquired of Dr. Hunt whether he had not distinctly seen in the tails of living salamanders living nerve-fibres which would serve as standards of comparison.

Dr. HUNT replied that such nerve-fibres could be seen as distinctly as the layers of connective tissue and epithelial cells would permit.

Dr. RICHARDSON added that since red blood-corpuscles circulating in vessels at the same depth, and hence observed through the same intervening layers of connective tissue and epithelium, exhibited appearances identical with those of other red corpuscles from the individual salamander immediately after their exit through a wound of the integument, he believed he might fairly conclude that the nerve-filaments thus seen *were distinctly visible*, and that therefore the somewhat irregularly swollen and knotted outline they presented was a normal character of healthy living nerve-fibres, and not a pathological or post-mortem change.

Dr. CARL SEILER announced for the benefit of members that there was now in operation at the University of Pennsylvania in West Philadelphia, under the care of himself and other gentlemen, a physiological laboratory, affording room, apparatus, and, to a certain extent, material, for original investigations, which any physician might carry on at a small expense. The laboratory (which was connected with a microscopical department) was open from 10 A.M. to 5 P.M., and was, he believed, the first of its kind in this city, or perhaps in this country; although similar institutions had long been established in Heidelberg, Vienna, and other Continental seats of medical science.

THE MONASTERY OF ALTENBERG have advertised for a resident physician, who is to receive, besides his board and lodging, a salary of about $100 per annum. For this munificent salary he is not only to give his professional services to the sick in the monastery, but will be expected to take charge of the hair and beards of the holy brethren.—*N. Y. Medical Record*.

REVIEWS AND BOOK NOTICES.

PNEUMOTHORAX. By AUSTIN FLINT, SEN., M.D., Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College; being No. III. of Vol. I. of a series of American Clinical Lectures. Edited by E. SEGUIN, M.D. New York, G. P. Putnam's Sons, 1875.

In this brochure from the pen of one of our foremost clinical teachers we find of course an excellent exposition of our present knowledge of pneumothorax in its medical aspects, illustrated by several typical cases of the disease. The author considers the accident of air entering the pleura as dependent upon the following four conditions, viz., "First, empyema; second, interstitial emphysema; third, circumscribed gangrene of the lung; and, fourth, phthisis." In the latter connection he inculcates the wise caution (so timely in these days of almost universal aspiration for fame) against wounding the pleura with Dieulafoy's needle. Prof. Flint also proposes to cure some rarely favorable cases of pneumothorax complicating consumption, "when the amount of phthisis is small, the disease non-progressive, and all the circumstances favorable for arrest and recovery, aside from the perforation of the lung," by free incision in the chest-wall; an original suggestion which seems worthy of more extended trial, in spite of the failure in two instances which its author so honestly records. J. G. R.

GLEANINGS FROM OUR EXCHANGES.

CEREBRAL RHEUMATISM.—Among the complications which threaten rheumatism, none are more formidable than those which attack the brain, and which for want of a better name are designated cerebral rheumatism. They are not always of the same form or gravity, and their cure sometimes supervenes without any active treatment. Sometimes chronic delirium results, and forms the beginning of a variety of mental alienation now well known. The favorable cases are not the most frequent. Among the phenomena observable in cases which terminate fatally, there are two which are of great value in prognosis, viz., extreme elevation of temperature, and sudden and complete disappearance of pain. When delirium occurs in such circumstances, death is not far off. Coma succeeds the delirium, and death follows in a few hours. Dr. Blachez reports at much length a case in which, following the example of his colleague, Dr. Raynaud, he had the patient placed in a cold bath at a temperature of 73°.4 Fahr. (23° C.), which was gradually lowered, by addition of ice, to 68°, and kept therein an hour and a half. The result not having been discouraging, the bath was repeated ten times at temperatures varying from 61° F. to 77° F. (16° to 25° C.) within four days, after which the patient regained consciousness, and subsequently recovered health. The lower temperature had to be abandoned, as its immediate effects were alarming.—*Gazette Hebdomadaire*; Irish Hospital Gazette.*

HATHORN SPRING WATER.—The *Boston Medical and Surgical Journal*, June 10, contains a communication by Dr. S. A. Fisk, of Northampton, on the waters of the recently discovered but famous Hathorn Spring of Saratoga.

These waters belong to the class known as alkaline-saline; the large amount of carbonic acid gas contained not only increases the solvent powers of that menstruum, enabling it to take up and hold in solution a favorable combination of ingredients, but renders them very easy of digestion, and to most persons very agreeable to the taste. In taste and general character the Hathorn resembles the celebrated Congress Spring water; it is stronger, however, in some of its constituents, more prompt and certain in its action, and contains also a bicarbonate of lithia, which renders its diuretic properties of great value.

From personal experience Dr. Fisk speaks very favorably of Hathorn water. Its therapeutic action is very prompt. When taken in the morning it is agreeable to the taste, grateful to the stomach, and acts efficiently as an evacuant; and while it may, and in many cases does, induce full and copious dejections, they are not attended with pain; neither is languor or debility experienced by the patient; but, on the contrary, a feeling of refreshment and invigoration. The powers of assimilation and nutrition are increased, the appetite being favorably affected at once. That sense of fulness formerly termed "abdominal plethora," where the liver, spleen, and mesentery are more or less engorged with blood, and where hemorrhoids are present, is diminished, with a gratifying sense of relief.

When taken more frequently and in smaller quantities than the cathartic dose, its effect upon the kidneys is no less happy. Its action is prompt, uniform, and quite certain. A turbid, irritating urine is quickly cleared up by it; the ureters and bladder are soothed, and many cases of vesical catarrh are quite relieved by it. In some of the cutaneous diseases, those more especially dependent upon an acid state of the secretions, these mineral waters are beneficial both from their alkaline properties and from their depurative effects.

The following is the analysis of the Hathorn Spring:

Chloride of sodium	509.968 grains.
Chloride of potassium	9.597 "
Bromide of sodium	1.534 "
Iodide of sodium	.198 "
Fluoride of calcium	a trace.
Bicarbonate of lithia	11.447 "
Bicarbonate of soda	4.288 "
Bicarbonate of magnesia	176.463 "
Bicarbonate of lime	170.646 "
Bicarbonate of strontia	a trace.
Bicarbonate of baryta	1.737 "
Bicarbonate of iron	1.128 "
Phosphate of soda	.006 "
Biborate of soda	a trace.
Alumina	.131 "
Silica	1.260 "
Organic matter	a trace.
Total solid contents	888.403 "

Carbonic acid gas in 1 gallon, 375.747 inches. Density, 1.009.

HEMIPLEGIA WITH CLOT UPON THE SAME SIDE OF THE BRAIN.—At the recent meeting of the American Neurological Association, Dr. Hay, of Chicago, presented an interesting specimen of this kind, removed from a female patient æt. 55 years, in whom there was hemiplegia of the left side, face not involved, and the tongue could be protruded without deflection. The patient jumped from a railroad-train which was moving at a rapid rate, and was picked up insensible, in which condition she remained for about three weeks. She suffered from incontinence of urine and fæces. At post-mortem a meningeal clot was found over the frontal convolution, upon the left side of the brain, about a line in thickness, three-fourths of an inch in length, and about the same in width. No morbid conditions were found in any other part of the brain, and the clot was limited to this region.

* Cf. an admirable article on this subject by Dr. Da Costa, in the American Journal of the Medical Sciences, January, 1875.—ED. *I. H. G.*

GASTROTOMY (*The Lancet*, May 15, 1875).—Mr. Sydney Jones reports the following case. A man, æt. 67, had had difficulty of swallowing for ten months, and for seven months had been unable to swallow solids. He had lost his voice for four months, although there was no difficulty of breathing. A bougie did not pass beyond the commencement of the œsophagus; and on bending the head forward, so as to relax the front cervical muscles, a hard tumor could be felt on the left of the trachea, behind the sternal end of the clavicle, too low down to promise anything from attempt at œsophagotomy. He had lost very much flesh. Previously stout, his abdomen was now fallen away, the ensiform cartilage projecting as a hook-like process. He complained much of hunger, and of persistent sinking pain at the pit of the stomach. His difficulty of swallowing liquids was increasing; and a constant discharge of mucus from his pharynx caused him much trouble. He did not complain of pain in the neck-tumor, which was discovered only after exploration for the cause of the stricture. It was impossible to do œsophagotomy, and it was decided to perform gastrotomy. It had been ascertained by previous experiment that the readiest mode to secure the stomach, and in the best position, was to incise along a line drawn from the outer border of the left nipple to the outer border of the spine of the pubis on the same side. An incision was made along this line for about three inches and a half, beginning about an inch below the costal cartilages. The outer border of the rectus muscle was easily hit; no muscular fibres were divided; only a little venous hemorrhage occurred; and the stomach was easily caught, and at once drawn through the opening by the finger and thumb passed into the peritoneal cavity. The stomach was brought into connection with the side of the wound by sutures, the rectus muscle being included in the sutures, and the edges of incision above and below brought together by needles.

He was then fed for five days by enemata, and afterwards by the stomach. Forty days later he died from bronchitis. At the post-mortem examination firm and complete union was found between the stomach and the abdominal wall.

SUPPURATING HYDATID CYSTS IN THE THIGH—DEATH.—The following case was under treatment lately at St. Thomas's Hospital. The patient was a strong, healthy-looking man of 45. About two years previously he had hurt himself in the left femoral region, and soon after noticed a tumor in this locality, which grew at first slowly, later rapidly, and caused swelling of the foot and leg.

On examination, a distinctly fluctuating tumor, about the size of a fœtal head, was found situated in the left Scarpa's triangle. The size of the swelling remained unaltered whether the patient was standing or recumbent. There was no impulse on coughing. He could bear his weight on the affected limb. There was no tenderness in the spinal region, and pressure in the iliac fossa caused no discomfort. There was no aneurismal pulsation or bruit, moderate manipulation gave little pain, but rough handling caused much suffering. After the patient's admission the tumor became more and more inflamed, and was finally evacuated, yielding four pints of purulent fluid, loaded with hydatid cysts. A few days later the patient succumbed.

Post-mortem examination showed nothing unusual outside of the tumor.—*Lancet*, June 5.

THE SWEAT-GLANDS (*Boston Medical and Surgical Journal*, June 3, 1875).—Dr. Aubert has published an article based upon observations made by studying the impressions obtained by the application of the hand to sheets of paper impregnated with nitrate of silver, protonitrate of mercury, and various other substances. These impressions were of two kinds: dotted ones, produced by the hands after being carefully washed, in which each point corresponds to a sweat-gland; and linear ones, produced by the unwashed hand, the lines corresponding to the ridges of the papillæ. By this new method of exploration Dr. Aubert comes to the following conclusions:

The insensible transpiration is performed exclusively by the sweat-glands.

The moisture is due not only to the constant discharge of the perspiration, but also to the presence of the deliquescent alkaline residue left by its evaporation.

The sweat-glands, independently of their other functions, should be regarded as a secretory apparatus attached to the organs of touch.

This last view is of significance in connection with certain facts to which he calls attention: the inequality of the number of sweat-glands in different localities, and their predominance in the palm of the hand and the sole of the foot; the inequality in their activity also in various parts; the persistence of secretion, and of its escape upon the hand and foot in spite of pressure; the relation of proximity of the sweat-glands to the papillæ; finally, the acidity of the sweat at the moment of its secretion, and the alkalinity of its residue.

AN EASY AND EFFECTUAL METHOD OF ARTIFICIAL RESPIRATION IN INFANTS.—Dr. J. B. Mattison presents the following modification of Dr. Byrd's method: The infant upon its back, firmly grasp the outer thigh, the index-finger and thumb encircling, and the inner limb resting on the fore-arm, while the little finger is extended as far as possible up the back to form a fulcrum with the corresponding finger of the opposite hand. In the hollow formed by the thumb and forefinger of the right hand allow the neck of the infant to rest, with the palm under the shoulders and the little finger extending down the back to meet its fellow of the other hand. Now, gently and regularly depress the vertex and inferior extremities as much as practicable below the horizontal, say forty-five degrees, thus facilitating inspiration, and, after a proper interval, elevate them to the same extent, forming a concavity of the chest and thereby forming expiration. Continue these movements without interruption, taking care to permit no impediment to the exit and entrance of air during the upward and downward movements of the head and chest, and also exercising caution against too much lateral motion of the head during their continuance. The conjoined use of Désormeaux's douche, or a little cold water dashed occasionally on the epigastrium, will tend to enhance the efficacy of this method; indeed, its employment does not at all preclude the use of whatever auxiliary measures may be deemed advisable.—*New York Medical Record.*

KOROWIN ON STARCHY FOOD FOR INFANTS.—In the *Jahrbuch für Kinderheilkunde und Physische Erziehung* Dr. Korowin states that a secretion may be obtained from the mouth of a child as soon as it is born, though in minute quantity and with difficulty.

It is generally found to be acid, unless the mouth of the child has been previously washed carefully, when it has a neutral or alkaline reaction. The effect in converting starch into sugar of the secretion of the salivary glands of the mouth and that of the pancreas was obtained by making infusions from the glandular tissue and observing the changes produced upon solution of starch. It was ascertained that till the end of the third week the glandular secretion of the mouth exerts no influence of this kind, though the pancreas does, and always to a much greater degree than the former.—*London Medical Record.*

CONGENITAL ABSENCE OF ANUS (*Atlanta Medical and Surgical Journal*, June, 1875).—At the last meeting of the Atlanta Academy of Medicine, Dr. W. F. Westmoreland reported a rare and interesting case. A male infant, æt. five months; entire absence of anus; since birth fæces have passed by the urethra. For several days after birth no fæces were passed, showing that the bowel did not terminate in the bladder, but that the opening formed subsequently to birth. Several attempts had been made to establish an outlet, but without success. The least accumulation caused obstruction, from which he suffered much. Three weeks ago Dr. W. operated. A metal bougie was passed through the urethra into the bladder, and thence into the bowel through the recto-vesical aperture, the distance from this opening to the natural position of the anus being about two inches. The bowel was loaded with fecal matter, and filled the whole pelvis. After cutting down upon the end of the bougie into the bowel, a large quantity of fæces was discovered, and the incision into the gut, which before the discharge readily admitted the index-finger, had so diminished from the contraction of the bowel that it became necessary to enlarge the opening. The patient did well.

RESECTION OF THE ANKLE-JOINT (*The Lancet*, May 15, 1875).—In a paper read by Mr. Henry Lee before the Royal Medical and Chirurgical Society, the principal point to which the author wished to direct attention was the much greater facility which there is in removing the upper surface of the astragalus where that bone is dislocated outward, than when an attempt is made to displace it inward. This makes a very great difference where a surgeon can choose which operation he will perform. Even after both malleoli are removed, the powerful tendons which run behind the joint on its inner side tend to prevent the astragalus from being inverted, and are of themselves sufficient to account for the difficulty that surgeons have experienced in attempting to turn the astragalus sufficiently inward to remove its upper articulating surface.

FORMULA FOR TOOTHACHE.—The following formula, says *The Practitioner*, seems likely to be serviceable, as the creasote will have an anæsthetic action, while the ammonia will act in the same way as bicarbonate of sodium by neutralizing any acid present in the tooth. "Take equal parts of creasote, strong solution of ammonia, and tincture of myrrh. A very *small* piece of cotton wool to be soaked in the mixture and put in the hollow of the aching tooth."

MISCELLANY.

DECEPTIVE VISION.—There is a tendency in the eye to enlarge the upper portion of any object on which it looks,—a fact which we find admirably illustrated by a row of ordinary capital letters and figures:

BBBBBBSSSSSSSSSXXXXXX888888888888

They are such as are made up of two parts of equal shapes. Look carefully at these, and you will perceive that the upper halves of the characters are a little smaller than the lower halves,—so little that an ordinary eye will perhaps declare them to be of equal size. Now turn the page upside down, and, without any careful looking, you will see that this difference in size is very much exaggerated; that the real top part of the letter is very much smaller than the bottom.—*The Laboratory.*

A FLY OF AFRICA.—There is a Cayenne fly, called the *Lucilia Hominivorax* (man-eater), which commits great havoc among the convicts sent out to that colony by the French government. M. Charles Coquerel says that this fly lays its eggs in the mouth or nostrils of a sleeping convict, especially a drunken one, and that the offspring, in their larval state, usually bring about the death of their victim.—*Southern Medical Record.*

ACCORDING to the *Pacific Medical Journal*, suet butter, or, as it is characteristically called in the land of the setting sun, "bull butter," is now largely manufactured in the Atlantic States. At Boston the factory of Merriam & Co. is said to ship several thousand pounds per week to the West Indies, and in Jersey City about four thousand pounds are weekly made for consumption in New York city.

THE famous Brompton Consumption Hospital appears to be flourishing. A lady not long since left it half a million of dollars in gold, and during the last year fifteen thousand five hundred patients were treated in its out-departments. It has at present two hundred and fifty-seven available beds, with an income of nearly ninety thousand dollars.

THE Prussian civil order *pour le mérite* has been conferred by royal decree upon Professor Stokes, of Dublin. Two other recipients of the distinction on the same occasion were Professor Schwann, the physiologist, of Liège, and Mr. Bancroft, the American historian.

MR. CHRISTOPHER HEATH has been appointed Holmes Professor of Clinical Surgery in the University Hospital of London, in place of Mr. Erichsen, resigned.

DR. GEORGE H. BOYLAND elaborately defends his claim to having been the first to introduce salicylic acid in this country, in the *Clinic* of June 19. Le jeu n'en vaut pas la chandelle.

IT is stated that there are fourteen hundred medical students in the college of Calcutta, India.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JUNE 22, 1875, TO JUNE 28, 1875, INCLUSIVE.

SIMONS, JAMES, SURGEON.—Relieved from duty in Department of the Gulf, and assigned to duty as Attending Surgeon and Examiner of Recruits at Baltimore, Md. S. O. 121, A. G. O., June 19, 1875.

HEAD, J. F., SURGEON and MEDICAL DIRECTOR.—Granted leave of absence for one month. S. O. 85, Department of the South, June 23, 1875.

MCCLELLAN, ELY, ASSISTANT-SURGEON.—Having reported in compliance with S. O. 121, c.s., A. G. O., assigned to duty in the office of the Medical Director of the Department. S. O. 85, Department of the South, June 23, 1875.

JANEWAY, J. H., ASSISTANT-SURGEON.—Relieved from duty in Department of the Missouri, to proceed to New York City, and, upon arrival, report by letter to the Surgeon-General. S. O. 121, c. s., A. G. O.

DE LOFFRE, A. A., ASSISTANT-SURGEON.—Granted leave of absence for one month on Surgeon's certificate of disability. S. O. 106, Department of the Missouri, June 21, 1875.